



05-24-07

RCE/TFW  
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PTO/SB/30 (09-06)

Approved for use through 03/31/2007, OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>Request for Continued Examination (RCE) Transmittal</b>  Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/769,144-Conf. #9318
	Filing Date	January 30, 2004
	First Named Inventor	Tibor KELER
	Art Unit	1644
	Examiner Name	Kin, Yunsoo
	Attorney Docket Number	CDJ-301RCE

**This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.**

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a. ☒ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_

ii. ☒ Other Notice of Appeal filed on March 26, 2007

b. ☒ Enclosed.

i. ☒ Amendment/Reply

iii. ☐ Information Disclosure Statement (IDS)

ii. ☐ Affidavit(s)/Declaration(s)

iv. ☒ Other Request to Change Attorney Docket No.

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b. ☐ Other \_\_\_\_\_

3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. ☒ The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. 12-0080. I have enclosed a duplicate copy of this sheet.

i. ☒ RCE fee required under 37 CFR 1.17(e)

ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)

iii. ☐ Other \_\_\_\_\_

b. ☐ Check in the amount of \$ \_\_\_\_\_ enclosed

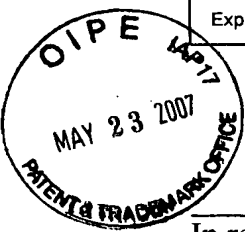
c. ☐ Payment by credit card (Form PTO-2038 enclosed)

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Signature		Date	May 23, 2007
Name (Print/Type)	Jeanne M. DiGiorgio	Registration No.	41,710

05/25/2007 CNEGA1 00000012 120000 10769144

01 FC:1801 790.00 DA



Express Mail Label No. EV 957 673 335 US Dated: May 23, 2007

Docket No.: **CDJ-301RCE**  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Tibor Keler *et al.*

Application No.: 10/769,144

Confirmation No.: 9318

Filed: January 30, 2004

Art Unit: 1644

For: ANTIBODY VACCINE CONJUGATES AND  
USES THEREFOR

Examiner: Kim, Yunsoo

**REQUEST FOR CHANGE OF ATTORNEY DOCKET NUMBER**

MS RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

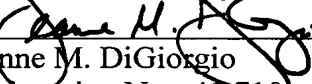
The Attorney Docket Number of the above-identified patent application has changed.  
Please take notice that the Attorney Docket Number for this application should now be as  
follows:

**CDJ-301RCE**

Please reference **CDJ-301RCE** on all future correspondence.

Dated: May 23, 2007

Respectfully submitted,

By   
Jeanne M. DiGiorgio  
Registration No.: 41,710  
LAHIVE & COCKFIELD, LLP  
One Post Office Square  
Boston, Massachusetts 02109-2127  
(617) 227-7400  
(617) 742-4214 (Fax)  
Attorney/Agent For Applicant



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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2007</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/769,144-Conf. #9318
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 790.00		Filing Date	January 30, 2004
		First Named Inventor	Tibor KELER
		Examiner Name	Kim, Yunsoo
		Art Unit	1644
		Attorney Docket No.	CDJ-301RCE

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>							<b>Small Entity Fee (\$)</b>
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
27		- 49 = 0	x	=	<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
3		- 3 = 0	x	=			
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>		<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
_____		- 100 = _____	/50 _____ (round up to a whole number) x _____		=	_____	
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...							790.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	41,710
Name (Print/Type)	Jeanne M. DiGiorgio	Telephone	(617) 227-7400
		Date	May 23, 2007